

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Route to:

☐ Drinking Water ☐ Watershed/Wastewater ☐ Waste Management ☐ Remediation/Redevelopment ☐ Other: _____

1. General Information				2. Facility / Owner Information			
WI Unique Well No. ____		DNR Well ID No. County		Facility Name			
Common Well Name		Gov't Lot # (if applicable)		Facility ID		License/Permit/Monitoring No.	
1/4 / 1/4	1/4	Section	Township Range <input type="checkbox"/> E <input type="checkbox"/> W N	Street Address of Well			
Well Location <input type="checkbox"/> ft. / <input type="checkbox"/> M (Local Grid <input type="checkbox"/>) Datum				City, Village or Town			
____ N / S ____ E / W ____				Present Well Owner		Original Well Owner	
Zone WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N				Street Address or Route of Present Owner			
Local Grid Origin <input type="checkbox"/> ft. / <input type="checkbox"/> M Datum				City		State	ZIP Code
____ N, ____ E / W ____				Zone WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N			
Reason For Abandonment		WI Unique Well No. of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material			
3. Well / Drillhole / Borehole Information		<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole Original Construction Date If a Well Construction Report is available, please attach.		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
				Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
				Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
				Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type:		Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		If yes, to what depth (feet)?		Did sealing material rise to surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Other (specify): _____		Depth to Water (feet)		Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type:				If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Total Well Depth From Groundsurface (ft.)		Casing Diameter (in.)		Required Method of Placing Sealing Material			
Lower Drillhole Diameter (in.)		Casing Depth (ft.)		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
				<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
				Sealing Materials			
				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)			
				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "			
				<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips			
				For Monitoring Wells and Monitoring Well Boreholes Only:			
				<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
				<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
5. Material Used To Fill Well / Drillhole				From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
				Surface			
6. Comments							
7. Supervision of Work				DNR Use Only			
Name of Person or Firm Doing Sealing Work		Date of Abandonment		Date Received		Noted By	
Street or Route		Telephone Number ()		Comments			
City	State	ZIP Code	Signature of Person Doing Work			Date Signed	

Instructions

Wisconsin Administrative Code (NR811, NR 812, and NR 141 requires well owners to permanently abandon and fill unused wells/drillholes/boreholes on their property.

1. Remove any pump, pump piping, debris or other obstacles that could interfere with the sealing operation.
2. Except when bentonite chips are used, the sealing material must be placed with the use of a conductor (tremie) pipe to fill the entire well column to the top with required sealing material. Refer to NR 812 and NR 141 for more details on abandonment requirements.

Route to: Return these forms to the project manager or plan reviewer for the DNR program who required the well abandonment. Check the appropriate routing box at the top of the forms to assure proper routing once the forms reach DNR.

1. General Information – WI Unique Well No.: Fill in the 2 alphabetic and 3 numeric Wisconsin Unique Well Number (WUWN) of the well being abandoned. Check the well, sample tap in the house or the fuse box for a WUWN if one has been assigned to the well.

DNR Well ID No.: If available, enter the 3 digit number assigned to the well by the Department.

County: Fill in the name of the county the well being abandoned was located in.

Common Well Name: Fill in common well name, such as House Well, Barn Well, Irrigation Well, B-II, OW-13A, or MW-5R. (Use the suffix "R" for a replacement well.)

Gov't Lot: If applicable, provide the government lot number for the property. (Government lot numbers are the legal description of a tract of land adjacent to a lake or stream where a proper quarter or quarter section corner could not be established.)

Public Land Survey Location of Well: Fill in the 1/4 1/4 and 1/4, section, township, range and check a range direction box for the well

Well Location: Indicate whether distance units are feet or meters by checking the appropriate box. Give the location in Wisconsin Transverse Mercator (WTM), Universal Transverse Mercator (UTM), Latitude-Longitude (decimal degrees NOT degrees-minutes-seconds) or State Plane Coordinates (State Plane South, State Plane Central or State Plane North). Check the N or S box for north or south and the E or W box for east or west. Check the appropriate coordinate system box below. If State Plane Coordinates are used, check the appropriate letter for south, central or north zone. The Well Location can be determined directly by surveying or by Global Positioning System (GPS). If the exact location of the well is given in one of these coordinate systems then leave the Local Grid Origin fields blank.

Local Grid Origin: Locate the grid origin at a permanent feature or monument near the waste or source of contamination. Indicate whether distance units are feet or meters by checking the appropriate box. Give the monument location in State Plane, WTM or UTM coordinates or Latitude and Longitude in decimal degrees. If the State Plane coordinates are used, check the appropriate letter for south, central or north zone. This field should be left blank if the well location is provided in WTM, UTM, State Plane or Latitude-Longitude coordinates. Check the E or W box for east or west.

Datum: Provide the datum for the coordinate system used - most commonly North American Datum (NAD) 1927, 1983 or the 1991 correction to 1983.

Reason for Abandonment: List the reason for well abandonment.

WI Unique Well No. of Replacement Well: If applicable, enter the Wisconsin Unique Well Number of the well replacing this abandoned well.

2. Facility / Owner Information – Facility Name: If the well is located at a commercial or government facility, fill in the name of landfill, wastewater treatment facility, surface impoundment, spill or project.

Facility ID: Fill in the nine digits Facility ID (FID) assigned to the site by the Department.

License/Permit/Monitoring Number: Fill in number assigned to facility by the Department. If unknown, leave blank.

Street Address of the Well: Fill in the street address of the well being abandoned.

City, Village or Town Location: Fill in the city, village, or town name for the location of the well.

Present Well Owner: Fill in the name of the present owner.

Original Well Owner: Fill in the name of the original well owner, if known

Street Address or Route of Owner: List the address, city, state, and zip code of the present owner.

3. Well/Drillhole/Borehole Information – Original Construction Date: Fill in the original date (mm/dd/yyyy) of construction for the well or boring.

Total Well Depth from Groundsurface (ft.): Enter the depth to water from ground surface.

Depth to Water: Enter depth to water from ground surface.

4. Pump, Liner, Screen, Casing, & Sealing Material: Check only one box where Yes, No or Not Applicable is indicated. Check all boxes which apply otherwise.

5. Material Used to Fill the Well/Drillhole: Enter the description of the filling material, the depth From and To, circle one measurement unit (Yards, Sacks or Volume), and enter the mix ratio or mud weight (in pounds per gallon).

6. Comments: Describe any of the above boxes in more detail or add information as required to describe the abandonment procedures.

7. Supervision of Work – Name of Person or Firm Doing Sealing Work: Enter the name (first and last) or firm name, address, and phone number of the person who supervised the work.

Date of Abandonment: List Month/Day/Year (mm/dd/yyyy) the well was abandoned.

Signature of Person Doing Work: Sign the form by the person supervising or responsible for doing the work.

Date Signed: Date the form after the signature.